



**WASHINGTON COUNTY
EMERGENCY COMMUNICATIONS DISTRICT**

401 ASHE STREET • P.O. BOX 448
JOHNSON CITY, TENNESSEE 37605
423/928-9111 • FAX 423/979-2324

REQUEST FOR INFORMATION

Any request for information (Radio/Telephone/Data) that has been deemed public information will be released to anyone requesting the information after the proper forms and Photo ID of the requester have been submitted and fees paid to the Washington County Emergency Communications District (WCECD). Exceptions to this policy are those prescribed by law. Included in the exception category is information in an active, ongoing criminal investigation; information regarding the identity of persons deceased where the next of kin has not been notified; employee medical and psychological information; proprietary information; and information declared confidential by court order. After a request is made, WCECD will attempt to notify any agency involved to ensure that the requested information does not belong in the exception category.

Request forms are available from the WCECD office during regular business hours. Unless denied - **All Requests will be available within 7 business days after the form and fees are submitted.** Requested information may be picked up only during regular business hours. Business hours are 8:30 AM to 5:00 PM Monday thru Friday excluding holidays. The District reserves the right to destroyed documents not picked up within 60 days of request and any monies received are non-refundable. **Returned check fees will be incurred at the rate the District is charged by the bank and all future transactions must be paid in advance by cash.**

In accordance with state laws regarding open records, a fee may be charged for the reproduction of records, documents, recordings and other materials and information. The fee schedule is as follows and may be amended by the Board of Directors of the Washington County Emergency Communications District as necessary.

AUDIO RECORDING FEE SCHEDULE:

Research & Setup Fee	\$35.00*
Recording on CD (or other Media-including EMail) & CAD Call Printout	\$40.00
Additional CD or other Media	\$40.00
Additional CAD Report(s) or Printouts	\$1.00 per page

*The District **DOES NOT** provide a transcript of audio recordings. Recordings are retained for 3 years.*

PRINTED REPORT FEE SCHEDULE:

Computer Aided Dispatch (CAD) Call Report [or] Call Detail Record (CDR) Report	\$5.00
Report for Police, Fire, or Medical response to a single incident/CDR is a printout showing a call to 9-1-1.	
Premise History Report	\$25.00* plus \$1.00 per page
Maximum up to 75 pages and Then \$0.25 per page. This charge is per premise and up to 1 year.	
Monthly Premise History	\$15.00 per month – 2 Month minimum*
Special Request Reports	\$25.00 Per Hour (Minimum 1 hour) plus \$1.00 per Page*
Maximum up to 75 pages and Then \$0.25 per page. This will include archived information (over 3 years old), requested CAD or CDR report that does not include specific information, or specially developed reports.	

***FEE MUST BE REMITTED WITH REQUEST AND IS NON-REFUNDABLE.**

MAILING ADDRESS: Washington County Emergency Communications District E-911
P.O. Box 448
Johnson City, TN 37605-0448

**WASHINGTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT
REQUEST FOR INFORMATION**

REQUEST FOR AUDIO: _____ PRINTOUT: _____ PREMISE HISTORY _____ OTHER _____

LOCATION OF INCIDENT: _____
(THIS MUST BE COMPLETED)

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____
(THIS MUST BE COMPLETED) (THIS MUST BE COMPLETED)

SPECIFICS OF INCIDENT: *Please include telephone number call originated from, type of call, and other details pertaining to this call. (THIS MUST BE COMPLETED)*

**THE ABOVE INFORMATION MUST BE COMPLETED IN DETAIL - ANY INFORMATION THAT
MUST RESEARCHED BY DISTRICT WILL BE AT THE RATE OF \$25.00 PER HOUR.**

NAME OF REQUESTOR: _____

ADDRESS _____ City _____ Zip _____

TELEPHONE NUMBER: _____

SIGNATURE OF REQUESTOR

By signing below I acknowledge that I have received _____ CD _____ page print out of the incident
_____ this the _____ day of _____, _____.

SIGNATURE OF REQUESTOR

SIGNATURE OF WCECD STAFF

PLEASE MAKE CHECKS PAYABLE TO :
WASHINGTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT 911

FEE MUST BE SUBMITTED WITH REQUEST AND IS NON-REFUNDABLE

FOR OFFICE USE ONLY:

DATE SUBMITTED _____ DATE COMPLETED _____ DATE PICKED UP: _____

Research/Setup Fee \$ _____ ck _____ cash _____

Audio Fee \$ _____ ck _____ cash _____

CAD or CDR \$ _____ ck _____ cash _____

Premise History Fee \$ _____ ck _____ cash _____

Total Pages _____ \$ _____ ck _____ cash _____

Special Report \$ _____ ck _____ cash _____

Total Hours _____

Total Pages _____

TOTAL PAID: \$ _____

PHOTO ID TO BE COPIED HERE: